TABLE 1

HOW MUCH DOES A FAMILY OF TWO AT 185 PERCENT OF THE FEDERAL POVERTY LEVEL SPEND YEARLY ON PREMIUMS AND COST-SHARING UNDER VARIOUS CHIP PLANS, A STATE EMPLOYEE PLAN, AND A FEDERAL EMPLOYEE HEALTH BENEFIT PLAN?

(As a percentage of annual income, i.e., \$20,073, and, in parentheses, as a ratio to the five percent cap, i.e. \$1,004)

Type of schedule	Type of plan		Child with occasional cold or ear infection (composite family #1)	Child with cerebral palsy (composit e family #2)	Child with severe diabetes (composite family #3)	Child with catastrophic injury (composite family #4)	Child with serious mental illness (composite family #5)	Child with congenital heart diesease (actual family)
No premiums/ No cost- sharing	Sample CHIP plans	VA, OR	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
No premiums/ Cost-sharing	Sample CHIP plans	AZ	.02% (.004)	.02% (.004)	.02% (.004)	.02% (.004)	.02% (.004)	.02% (.004)
		UT [Cap= 5% or \$800 (3.9%), whichever is lower]	.3% (.06)	2.8% (.55)	2.8% (.55)	1.9% (.37)	4.7% (.94)	9.7% (1.94)
Premiums/ No cost- sharing	Sample CHIP plans	ME	.9% (.17)	.9% (.17)	.9% (.17)	.9% (.17)	.9% (.17)	.9% (.17)
		МІ	.3% (.05)	.3% (.05)	.3% (.05)	.3% (.05)	.3% (.05)	.3% (.05)
Premiums/ Cost-sharing	Sample CHIP plans	AL [Cap= \$500 (2.4%)]	.3% (.06)	1.1% (.21)	1.1% (.21)	.5% (.09)	.4% (.08)	.6% (.11)

Source: Center for Health Services Research and Policy, 1999.

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		со	1.3% (.26)	2.2% (.43)	2.2% (.43)	3.8% (.27, excluding dental costs) (.76, if dental costs counted toward CM)	1.6% (.31)	1.5% (.30)
		DE	1.5% (.30)	1.5% (.30)	1.5% (.30)	3.9% (.30, excluding dental costs) (.76, if dental costs counted toward CM)	1.5% (.30)	1.5% (.30)
Type of schedule	Type of plan		Child with occasional cold or ear infection (composite family #1)	Child with cerebral palsy (composit e family #2)	Child with severe diabetes (composite family #3)	Child with catastrophic injury (composite family #4)	Child with serious mental illness (composite family #5)	Child with congenital heart diesease (actual family)

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Premiums/ No cost- sharing or Premiums/ Cost-sharing	Sample CHIP plans	MA No access to employer coverage => no cost-sharing	.6% (.11)	.6% (.11)	.6% (.11)	.6% (.11)	.6% (.11)	.6% (.11)
		MA Access to employer coverage (e.g., GWUHP standard HMO option) => cost-sharing applies [Cap=5%]	1.1% (.22)	4.1% (.81)	4.1% (.81)	5.4% (1.07)	4.7% (.93)	2.6% (.51)

Source: Center for Health Services Research and Policy, 1999.

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Premiums/ Cost-sharing	State employee plan	Maryland BCBS PPO option	5.7% (1.09, excluding Rx costs) (1.14, if Rx costs counted toward CM)	8.8% (1.45, excluding Rx costs) (1.75, if Rx costs counted toward CM)	8.8% (1.45, excluding Rx costs) (1.75, if Rx costs counted toward CM)	8.4% (1.13, excluding dental and Rx costs) (1.68, if dental and Rx costs counted toward CM)	11.9% (2.08, excluding Rx costs) (2.38, if Rx costs counted toward CM)	6.4% (1.24, excluding Rx costs) (1.28, if Rx costs counted toward CM)
	Federal employee health benefit plan	BCBS standard PPO option [Cap=\$2,000 (9.9%)]	8.9% (1.77)	12.3% (2.46)	12.3% (2.46)	11.9% (2.39)	22.8% (4.55)	15.20% (3.03)